

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION  
UNDER 35 U.S.C. 371(c)4

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship  
are stated below next to my name, and

I believe that I am the original, first and sole  
inventor (if only one name is listed below) or an original  
first and joint inventor (if more than one name is listed  
below) of the subject matter which is described and claimed  
and for which a United States patent is sought on the in-  
vention entitled

LYMPHOKINE PRODUCTION AND PURIFICATION  
the specification of which

is attached hereto.

was filed on July 4, 1985 as international  
application Serial No. PCT/EP85/00326 and,  
if this box contains an X  , was amended  
on

I hereby state that I have reviewed and understand  
the contents of the above-identified specification, including  
the claims, as amended by any amendment referred to above.

I acknowledge my duty to disclose information which  
is material to the examination of this application in  
accordance with Title 37, Code of Federal Regulations,  
§1.56(a).

I hereby claim the benefit under Title 35, United  
States Code, §119 of the foreign application(s) for patent  
or inventor's certificate indicated below and have also  
identified below any foreign application(s) for patent or  
inventor's certificate for the same subject matter having a  
filing date before that of the application for said  
subject matter the priority of which is claimed:

<u>Country</u>	<u>Number</u>	<u>Filing Date</u>	<u>Priority Claimed</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner required by the first paragraph of Title 35, United States Code, §112, I acknowledge my duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or Patent Cooperation Treaty international filing date of this application:

<u>Application Serial No.</u>	<u>Filed</u>	<u>Status (Pending, Abandoned, Patented)</u>
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628,342	July 6, 1984	Pending
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652,447	Sept. 19, 1984	Pending
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652,742	Sept. 19, 1984	Pending
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I hereby appoint the following:

GERALD D. SHARKIN	Reg. No. 19,411
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of SANDOZ CORP., 59 Route 10, East Hanover, New Jersey 07936, U.S.A., respectively and individually, as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Please address all communications to GERALD D. SHARKIN whose telephone number is 201 - 386-8485.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Sole inventor or  
first joint inventor: Full name : Steven C. Clark  
Signature : Steven C. Clark  
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\*IMPORTANT: Before this declaration is signed, the patent application (the specification, the claims and this declaration) must be read and understood by each person signing it, and no changes may be made in the application after this declaration has been signed.

Second joint inventor,  
if any:

1-00

Full name : Randal J. Kaufman  
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2-00

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Fourth joint inventor,  
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3-00

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Fifth joint inventor,  
if any:

Full name :  
 Signature : \_\_\_\_\_  
 Date :  
 Citizenship :  
 Residence :  
 P.O. Address: